VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
June 18, 2008

Circle of Courage

Children and adolescents experience continual and profound physical, mental, and emotional development. Effective care requires an individual analysis of that child's developmental stage. In addition, children are strongly impacted by the social environments of their family and peers as well as the physical and cultural surrounding of their community. Families, schools, and communities are essential partners to nurture resilience and to protect against risks.

The next four issues of the Mental Health Update will highlight a section of ***The Circle of Courage*** *as described by Brendtro, Brokenleg, and Van Bockern. The Circle of Courage is a nationally recognized paradigm for promoting growth and resilience in youth. It has 4 sections:*

*** Belonging * Mastery * Independence * Generosity**

Belonging

- ✧ Each child is a member of a family with their own history and culture.
- ✧ Children need opportunities
  - o for meaningful involvement in their families and communities,
  - o to pursue their own interests and achieve their goals, and
  - o to share in fun activities and joyful living.
- ✧ Every child needs at least one adult over time that they trust and to whom they can turn.

CHILDREN'S MENTAL HEALTH

State Program Standing Committee

Cinn Smith represented Vermont families at the recent *2008 National Grantee Conference on the Mental Health Block Grant and Data* in Washington, D.C. As a member of the State Program Standing Committee for children's mental health and the Vermont Planning Council, Cinn was part of Vermont's delegation that included Melinda Murtaugh, Alice Maynard, and John Pandiani. The theme of the conference was "Leading Change in Mental Health Systems." The theme was very timely as mental health systems in Vermont as well as around the country grapple with rising need and limited human and financial resources. Vermont's recent *Sustainability Study* produced for the last legislative session detailed the situation and the prospects here.

Presenters from the federal level and many states described solutions to numerous issues, all solutions presented were supported by data. Some of the strategies and tools successfully implemented included:

- Leadership and management skills for systemic transformative change
- Integration of primary and behavioral health care
- Prevention-oriented public health approach to mental health
- Trends in mental health service delivery
- Integrating systems to improve services and outcomes for transition age young adults
- Evidence-based toolkits
- Implementing electronic health records
- State data quality initiatives
- Meeting the needs of returning veterans and their families

The conference affirmed that Vermont is not alone with these issues and that we are beginning to implement several strategies that have been successful elsewhere. The conference also provided the opportunity to connect with people from other states who are further along with specific strategies to discuss their lessons learned, to share what Vermont has learned, and to hear from the federal level about emerging directions for funding, data, needs, and outcomes.

Act 264 Advisory Board

Governor-appointed members of the Act 264 Advisory Board made time in May to review the Board's history, re-establish their mandated and desired goals, and discuss the best strategies to accomplish those goals. The Board was created under Act 264 in 1988 to advise specific state departments of governments on how to meet the needs of children and adolescents with a severe emotional disturbance and their families. The Board's scope was expanded in 2005 under the *Interagency Agreement* between the Agency of Human Services and the Department of Education to include all fourteen disability populations under state and federal special education law. Because the expansion of scope was not accompanied with an expansion in membership or in support to the Board, members felt the need to re-assess their methods to achieve their goals while remaining effective and efficient.

Members decided to retain their method of meetings with commissioners, members of the State Interagency Team, and representatives of Local Interagency Teams and of child and family advocacy organizations. They also decided to modify their approach to writing and sharing their annual priority recommendations to better fit their expanded scope, the timelines of the legislative session, and the complex nature of system level change.

ADULT MENTAL HEALTH

Bayview Crisis Beds Program: First Year Program Overview

Northwest Counseling and Support Services is coming to the end of its first contract year for their two-bed crisis program, Bayview..The program served 47 people during its first seven months. The program accepts people who are both CRT and non-CRT enrolled, as well as those who reside out of the NCSS catchment area. The program provides assessment and referral, treatment planning, crisis stabilization, and discharge planning to people who are experiencing a psychiatric crisis, with the goal of rapidly returning them into their home communities. The average length of stay at the program was 3 days

during its first operational period. A peer services specialist is integrated into the program and works at Bayview to provide direct services and outreach support.

During its first seven months of operation, Bayview was successful in decreasing the rates of hospitalization both at the Vermont State Hospital and Designated Hospital inpatient psychiatric units. Overall, CRT admissions to VSH were down by 72 percent and to general hospital psychiatric units by 35 percent.

For the new contract year and second phase of operations, Bayview will be looking to increase staff, increase the rate of occupancy and increase the level of acuity for people who are welcomed into the program. The staff at Bayview are dedicated to continue making the program a valued resource for all Vermonters.

"Service Partner" RFP

Eight Designated Agencies have submitted proposals for the creation of the new "Service Partner" case management service capacity for individuals whose mental health and service coordination needs are unable to be addressed through other existing community social service programs. The submitted proposals all build upon a community collaboration framework for coordinated services and identify a variety of methods for addressing the unmet needs in their catchment areas. An Agency of Human Services Work Group comprised of representatives of the Department of Mental Health, Department of Aging and Independent Living, Division of Vocational Rehabilitation, Department of Corrections, Field Services, Economic Services, and the Division of Alcohol and Drug Abuse Programs will be reviewing the proposals over the next two weeks. Up to five grant awards to fund these pilot programs will be determined by the end of this month. The Designated Agencies who submitted proposals are Lamoille County Mental Health, Washington County Mental Health, Healthcare and Rehabilitation Services of Southeastern Vermont, Rutland Mental Health, Northwest Counseling and Support Services, Clara Martin Center, HowardCenter, and Northeast Kingdom Human Services.

CRT Conference Well Attended

Over 210 CRT staff, consumers, family members, advocates and other stakeholders attended the 2008 CRT Conference on June 13th in Killington. The conference featured keynote presentations by Michael Hartman, commissioner of DMH, and Amy Long of the National Empowerment Center, as well as 15 different workshops focusing on various topics relating to the treatment and support of adults with serious mental illness. The conference featured presentations by several peer-run programs, as well as personal recovery stories from individuals receiving CRT services. During lunch conference participants were also able to view portions of a newly created DVD that features Vermont Supported Employment programs. This DVD is now being used throughout Japan to promote supported employment. The conference focused both on celebrating the good work of Vermont CRT programs and examining the challenges and ways in which these programs can improve and innovate going into the future. The conference was co-sponsored by the Vermont Council of Developmental and Mental Health Services and the Department of Mental Health and funded through a grant from the Vermont Attorney General's Office. For more information, contact Nick Nichols at 652-2000 or nnichols@vdh.state.vt.us.

FUTURES PROJECT

Consultation Group Provides Input to Planning for Care Management System and Staff Secure Residential Facility.

The Care Management System is intended to facilitate the matching of clients anywhere in the mental health delivery system with clinically appropriate levels of inpatient or residential care. The Staff Secure Residential Program will be one of the resources making use of the Care Management System. DMH has recently contracted with the New England Center for Health Policy Research to research the design of the Care Management System. Currently discussions are underway between the Department and Health Care and Rehabilitation Services to develop (in conjunction with Brattleboro Retreat) the initial agreements for a 6 bed staff secure facility.

The focus of this Consultation Group meeting was to learn about the experience people have had in moving from one place of care to another so that these new services are developed in a way that will improve the quality of care that is received. Members of the group were asked for their suggestions about what helps and what doesn't when an individual enters the mental health system or moves to a different level of care. Following are a sampling of the comments received.

Suggestions for things that would help when creating the Care Management System:

- Treat a person experiencing a crisis with respect.
- Have a peer sponsor who could be present when an individual in crisis enters the system for the first time (e.g., at the general hospital Emergency Department).
- Improve communication skills and provide trauma prevention training for all Emergency Department staff (from nurses to security guards) in dealing with individuals experiencing a mental health crisis. Improve the training of crisis screeners and make trauma prevention part of professional educational programs.
- Clients need follow-up to see that services are in place; --- not left to do it on their own from a pay-phone
- Need to balance privacy with the provision of necessary clinical and coping information. Always ask the individual what might help.
- Need to address the issue that the care management system as currently conceived is a "carve-out" from care management for the rest of the general health system. As such it could reinforce stigma and undercut parity.
- Advance directives or advance information (not a directive but an expression of what an individual finds calming or helpful) can help cue staff about what might reduce the individual's stress.

Suggestions for things that would help in developing the Staff Secure Residential Facility:

- Ask consumers to provide input on what would make building and program recovery oriented. Make rooms individual and home-like as possible. Be sure there are rooms and baths that meet handicapped accessibility specifications.
- Involve the local community, service providers and consumers and family members in the facility planning process.
- Have choices, however small, to promote individual's sense of control

- Help people re-connect with their home communities when they are ready to leave the program. For those who wish to remain in the local area, provide ways to develop positive connections there.
- Consider flexibility in bed usage so that a couple beds might be available for local referrals.
- Facilitate patient connections with primary care and dental care services. Have a good working relationship with the local hospital.

Care Management Clinical System Design

The Center for Health Policy Planning and Research of the University of New England, selected through an RFP process and with stakeholder participation, is the consulting team working with DMH on care management system design. The team of consultants will meet monthly with a Care Management Steering Committee beginning July 15th to review and discuss the project work plan, which will incorporate stakeholder involvement throughout the project. A core objective of the Futures plan, a care management system will define and connect the levels of inpatient and residential care throughout our mental health services system such that patients may receive clinically appropriate treatment and care when and where they need it. The New England Partners' proposal is on the DMH Website at
http://healthvermont.gov/mh/RFP/documents/NEPartnersCareMgt.Proposal.pdf
DMH will update the Transformation Council on the project and invite participation at the Council's upcoming meeting on June 23rd.

Transformation Council

It has been almost one year since the Transformation Council was established. Through monthly updates, discussions, and stakeholder participation, the Council has become an important forum for the Commissioner to share legislative and project developments with consumers, family members, providers, and advocates and, most importantly, to obtain feedback that helps guide policy and planning. At the June 23rd Transformation Council meeting, to be held in Stanley Hall 100, Waterbury, 2:00 to 4:15 p.m., Michael Hartman will ask the Council and members of the public to offer thoughts on priorities for next year and to discuss what opportunities and challenges may be upcoming. All are urged to attend.

Clinical design services for the care management system is also on the Transformation Council's agenda as well as Commissioner updates.

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Save the Date: Third Annual Peer Conference on Co-occurring Conditions to be held on September 26.

Walk a Mile in My Shoes: Bridging peer supports and treatment services

Users Guide for Co-occurring Screening

VISI through its Clinical Practices Committee has drafted a User's Guide for Screening People with Co-occurring Mental Health and Substance Use Conditions. The User's Guide is for programs and agencies that want to have a "toolbox" of valid and reliable tools specific to certain populations for use in screening. The screening tools include mental health, substance use and trauma screens for adults, adolescents and children. Most of the tools are free and require little or no training. The Guide can also be used to

develop policies and procedures for screening people with co-occurring conditions and can be used as part of an orientation for employees involved in direct service. If you would like to review a draft of the User's Guide please call Paul Dragon at 652-2020.

Clinical Practices Committee
Our next Clinical Consult call is Wednesday, July 9 from 12 noon to 1 pm. Spectrum Youth and Family Services will be hosting this case presentation. There are continuing education credits awarded for participating in these calls. To call in or for more information contact kbrowne@vdh.state.vt.us

Dr. Ken Minkoff Training
On Friday July 11th, Dr. Ken Minkoff will be teaching advanced morning and afternoon workshops on stage wise assessment and treatment and co-occurring evidenced based treatments. This workshop is for clinicians who have a good working knowledge of co-occurring psychiatric and substance use conditions. We are looking for two case presentations for the afternoon session. If your agency is interested in providing a case presentation please call Paul Dragon at 652-2020. The training will be held at the Pavilion Auditorium, 109 State Street, Montpelier. To register, please contact Patty Breneman at 802.652.2033 or pbrenem@vdh.state.vt.us

VISI Resources
Please check out the VISI website at http://healthvermont.gov/mh/visi/index.aspx

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

Emergency Drills at VSH
As part of the settlement agreement with the Department of Justice, Vermont State Hospital has implemented a series of emergency drills. Coordinated by the Department of Education and Training, the drills are held an average of once monthly and are spread among all three shifts. Scenarios were developed to test staffs' responses to such things as cardiac arrest, respiratory distress, adverse drug reactions, and suicide attempts. Recently, the drill scenarios were expanded to include a simulation of a VSH lockdown, which tested how well an emergency could be communicated to staff and whether or not VSH staff were able to get to a secure location. The drills are kept very short—the goal is to end them within fifteen minutes—so that the impact on patients is minimal. After each drill, a debriefing is held to review what went well, what could be better, and to solicit suggestions from staff. Summaries of the drills go to the hospital Safety Committee for review and action, and have resulted in changes in equipment and process in an effort to improve efficiency.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 45 as of midnight Tuesday. The average census for the past 45 days was 43.2